

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

United Surgical Partners International, Inc. Political Action Committee

ADDRESS (number and street)

15305 Dallas Parkway, Suite 1600

☐Check if different  
than previously  
reported. (ACC)

Addison

TX

75001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00402073

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Wellik

Signature of Treasurer

Electronically Filed by John Wellik

Date

01

21

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

USPI PAC contributed to Kirk for Senate on 12/8/09 which triggered an Illinois Pre-Primary report covering activity between 7/1/09 and 1/13/10. This Year-End report is the first of two filings required for the Illinois Pre-Primary report filing. The Year-End report is being filed separately to accurately reflect calendar year aggregation requirements.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 26

Write or Type Committee Name

United Surgical Partners International, Inc. Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		95479.49
(b) Cash on Hand at Beginning of Reporting Period .....	112508.76	
(c) Total Receipts (from Line 19) .....	9801.11	46932.84
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	122309.87	142412.33
7. Total Disbursements (from Line 31) .....	14117.90	34220.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	108191.97	108191.97
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 26

Write or Type Committee Name

United Surgical Partners International, Inc. Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	9299.80	45019.77
(ii) Unitemized .....	501.31	1913.07
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9801.11	46932.84
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	9801.11	46932.84
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	9801.11	46932.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9801.11	46932.84

## DETAILED SUMMARY PAGE

of Disbursements

5 / 26

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	617.90	1120.36	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	617.90	1120.36	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	30600.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	2500.00	2500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14117.90	34220.36	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14117.90	34220.36	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 26

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	9801.11	46932.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9801.11	46932.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	617.90	1120.36
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	617.90	1120.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas Cartwright

Mailing Address 17270 Red Oak Dr Suite 200

City

Houston

State

TX

Zip Code

77090-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.96

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: AFA009339A97842909BC

Amount of Each Receipt this Period

253.52

**B.**

Full Name (Last, First, Middle Initial)

Thomas Cartwright

Mailing Address 17270 Red Oak Dr Suite 200

City

Houston

State

TX

Zip Code

77090-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1922.44

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: AC28FA24B35D5400E997

Amount of Each Receipt this Period

346.48

**C.**

Full Name (Last, First, Middle Initial)

Thomas Cartwright

Mailing Address 17270 Red Oak Dr Suite 200

City

Houston

State

TX

Zip Code

77090-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2395.68

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: A0DFC497EE38D4C879B8

Amount of Each Receipt this Period

473.24

**SUBTOTAL** of Receipts This Page (optional) .....

1073.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Alberto Cuellar

Mailing Address 40 Doe Run Dr

City

Spring

State

TX

Zip Code

77380-1409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: ACCF21C42470242B59B0

Amount of Each Receipt this Period

309.11

**B.**

Full Name (Last, First, Middle Initial)

Peter Dawson

Mailing Address 506 Saddlewood Ln

City

Houston

State

TX

Zip Code

77024-6815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613.23

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: A0110C9A6A81148A2AF1

Amount of Each Receipt this Period

150.61

**C.**

Full Name (Last, First, Middle Initial)

Peter Dawson

Mailing Address 506 Saddlewood Ln

City

Houston

State

TX

Zip Code

77024-6815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613.23

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: AAB7CFA10CE8F418B876

Amount of Each Receipt this Period

25.84

**SUBTOTAL** of Receipts This Page (optional) .....

485.56

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter Dawson

Mailing Address 506 Saddlewood Ln

City

Houston

State

TX

Zip Code

77024-6815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613.23

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: A9912BC1B2FE44851854

Amount of Each Receipt this Period

61.82

**B.**

Full Name (Last, First, Middle Initial)

Peter Dawson

Mailing Address 506 Saddlewood Ln

City

Houston

State

TX

Zip Code

77024-6815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.54

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: AEFE1959199484FF79A5

Amount of Each Receipt this Period

35.31

**C.**

Full Name (Last, First, Middle Initial)

Peter Dawson

Mailing Address 506 Saddlewood Ln

City

Houston

State

TX

Zip Code

77024-6815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.77

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: A569509724907429E96C

Amount of Each Receipt this Period

48.23

**SUBTOTAL** of Receipts This Page (optional) .....

145.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Dean

Mailing Address 17270 Red Oak Dr Suite 200

City

Houston

State

TX

Zip Code

77090-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2075.49

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: ABD68E435039240D49F4

Amount of Each Receipt this Period

753.05

**B.**

Full Name (Last, First, Middle Initial)

Michael Dean

Mailing Address 17270 Red Oak Dr Suite 200

City

Houston

State

TX

Zip Code

77090-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2075.49

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: A11BF94B867AC402487A

Amount of Each Receipt this Period

628.57

**C.**

Full Name (Last, First, Middle Initial)

Michael Dean

Mailing Address 17270 Red Oak Dr Suite 200

City

Houston

State

TX

Zip Code

77090-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2075.49

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: A82EA0226D3B947A49D5

Amount of Each Receipt this Period

693.87

**SUBTOTAL** of Receipts This Page (optional) .....

2075.49

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Dean

Mailing Address 17270 Red Oak Dr Suite 200

City

Houston

State

TX

Zip Code

77090-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2548.73

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: AAC5DC3EF1590409E88B

Amount of Each Receipt this Period

473.24

**B.**

Full Name (Last, First, Middle Initial)

Ray Fitzgerald

Mailing Address 15402 Brandonwood Place

City

Houston

State

TX

Zip Code

77069-1540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Md

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2638.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Transaction ID: A555EF7DDA4B44D29A47

Amount of Each Receipt this Period

753.05

**C.**

Full Name (Last, First, Middle Initial)

Ray Fitzgerald

Mailing Address 15402 Brandonwood Place

City

Houston

State

TX

Zip Code

77069-1540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Md

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2638.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Transaction ID: A05BF886DA0AD492F890

Amount of Each Receipt this Period

309.11

SUBTOTAL of Receipts This Page (optional) .....

1535.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ray Fitzgerald

Mailing Address 15402 Brandonwood Place

City

Houston

State

TX

Zip Code

77069-1540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Md

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2638.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: ACD3BD11217DA4A2A83B

Amount of Each Receipt this Period

253.52

**B.**

Full Name (Last, First, Middle Initial)

Ray Fitzgerald

Mailing Address 15402 Brandonwood Place

City

Houston

State

TX

Zip Code

77069-1540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Md

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2984.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: AC12A96482F794FF7B75

Amount of Each Receipt this Period

346.48

**C.**

Full Name (Last, First, Middle Initial)

Ray Fitzgerald

Mailing Address 15402 Brandonwood Place

City

Houston

State

TX

Zip Code

77069-1540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Md

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3457.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: A37A40486A1104EDA845

Amount of Each Receipt this Period

473.24

**SUBTOTAL** of Receipts This Page (optional) .....

1073.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Donna Gettys

Mailing Address 928 Lighthouse Dr

City

West Sacramento

State

CA

Zip Code

95605-2529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: A3A196A95EFC14BC7AA1

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Donna Danley Kane

Mailing Address 2185 Via Del Prado

City

Vista

State

CA

Zip Code

92084-2839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation

Regional VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: A29B04E0BB584468BA7D

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas McHugh, MD

Mailing Address 800 Peakwood Dr  
Ste 8c

City

Houston

State

TX

Zip Code

77090-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Md

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.93

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: A92186F691F9D4312919

Amount of Each Receipt this Period

70.61

**SUBTOTAL** of Receipts This Page (optional) .....

570.61

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephen Rose

Mailing Address 5330 Val Verde St

City

Houston

State

TX

Zip Code

77056-6221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1005.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Transaction ID: A5078C5EB781E47B1B55

Amount of Each Receipt this Period

51.67

**B.**

Full Name (Last, First, Middle Initial)

Stephen Rose

Mailing Address 5330 Val Verde St

City

Houston

State

TX

Zip Code

77056-6221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1005.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Transaction ID: A16DB6833CD5A4EC492B

Amount of Each Receipt this Period

123.65

**C.**

Full Name (Last, First, Middle Initial)

Stephen Rose

Mailing Address 5330 Val Verde St

City

Houston

State

TX

Zip Code

77056-6221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1005.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Transaction ID: AEA1D5DA37AA42A48BB

Amount of Each Receipt this Period

301.22

SUBTOTAL of Receipts This Page (optional) .....

476.54

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephen Rose

Mailing Address 5330 Val Verde St

City

Houston

State

TX

Zip Code

77056-6221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1076.13

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: A19389D1DE5334526BF9

Amount of Each Receipt this Period

70.61

**B.**

Full Name (Last, First, Middle Initial)

Stephen Rose

Mailing Address 5330 Val Verde St

City

Houston

State

TX

Zip Code

77056-6221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.58

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: A4B774428401C49048CE

Amount of Each Receipt this Period

96.45

**C.**

Full Name (Last, First, Middle Initial)

Steven Stern

Mailing Address 17070 Red Oak Dr Suite 201c

City

Houston

State

TX

Zip Code

77090-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.52

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: AD49E5859340D4C58A53

Amount of Each Receipt this Period

301.22

**SUBTOTAL** of Receipts This Page (optional) .....

468.28

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven Stern

Mailing Address 17070 Red Oak Dr Suite 201c

City

Houston

State

TX

Zip Code

77090-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Transaction ID: A1368F7DB13824F87A4C

Amount of Each Receipt this Period

51.67

**B.**

Full Name (Last, First, Middle Initial)

Steven Stern

Mailing Address 17070 Red Oak Dr Suite 201c

City

Houston

State

TX

Zip Code

77090-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Transaction ID: AAEE1A93FF4F641F3ACE

Amount of Each Receipt this Period

123.65

**C.**

Full Name (Last, First, Middle Initial)

Steven Stern

Mailing Address 17070 Red Oak Dr Suite 201c

City

Houston

State

TX

Zip Code

77090-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1076.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	9

Transaction ID: A13B718231F8644E0AFD

Amount of Each Receipt this Period

70.61

SUBTOTAL of Receipts This Page (optional) .....

245.93

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven Stern

Mailing Address 17070 Red Oak Dr Suite 201c

City

Houston

State

TX

Zip Code

77090-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.58

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: A917E013448C0493690D

Amount of Each Receipt this Period

96.45

**B.**

Full Name (Last, First, Middle Initial)

Phillip Sutton

Mailing Address 17203 Red Oak Dr  
Ste. 203

City

Houston

State

TX

Zip Code

77090-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1258.17

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: A599DFBC5DCE54D4DBA0

Amount of Each Receipt this Period

103.34

**C.**

Full Name (Last, First, Middle Initial)

Phillip Sutton

Mailing Address 17203 Red Oak Dr  
Ste. 203

City

Houston

State

TX

Zip Code

77090-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1258.17

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: A87D641F447CB461E85A

Amount of Each Receipt this Period

247.29

**SUBTOTAL** of Receipts This Page (optional) .....

447.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Phillip Sutton

Mailing Address 17203 Red Oak Dr  
Ste. 203

City State Zip Code  
Houston TX 77090-2613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tops

Occupation  
Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1258.17

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: AA9C9ED06C9554DB9A26

Amount of Each Receipt this Period

352.44

**B.**

Full Name (Last, First, Middle Initial)

David Zarin

Mailing Address 17070 Red Oak Dr Suite 205

City State Zip Code  
Houston TX 77090-2615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United Surgical

Occupation  
Senior VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1408.59

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: A37D9D530A9F64E2D8A0

Amount of Each Receipt this Period

103.34

**C.**

Full Name (Last, First, Middle Initial)

David Zarin

Mailing Address 17070 Red Oak Dr Suite 205

City State Zip Code  
Houston TX 77090-2615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United Surgical

Occupation  
Senior VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1408.59

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: AE720FCD8AC0C430092F

Amount of Each Receipt this Period

247.29

**SUBTOTAL** of Receipts This Page (optional) .....

703.07

**TOTAL** This Period (last page this line number only) .....

9299.80

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank Of America</p> <p>Mailing Address Bank of America, N.A.</p> <p>City Dallas State TX Zip Code 75283-0001</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B84DB67ED54F84A7885B</p> <p>Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 176.72</p> <p>Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bank Of America</p> <p>Mailing Address Bank of America, N.A.</p> <p>City Dallas State TX Zip Code 75283-0001</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B785DCF557CCA422ABFA</p> <p>Date of Disbursement 08 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 133.60</p> <p>Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bank Of America</p> <p>Mailing Address Bank of America, N.A.</p> <p>City Dallas State TX Zip Code 75283-0001</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B894FC6EA93414D62AE2</p> <p>Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 132.42</p> <p>Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

442.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank Of America</p> <p>Mailing Address Bank of America, N.A.</p> <p>City Dallas State TX Zip Code 75283-0001</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B83F073BED8E44C34B62</p> <p>Date of Disbursement 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 117.57</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bank Of America</p> <p>Mailing Address Bank of America, N.A.</p> <p>City Dallas State TX Zip Code 75283-0001</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BF07A14A44F4E4C6C91A</p> <p>Date of Disbursement 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 27.72</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bank Of America</p> <p>Mailing Address Bank of America, N.A.</p> <p>City Dallas State TX Zip Code 75283-0001</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B4B614B0905984481BEC</p> <p>Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 29.87</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► 175.16</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ► 617.90</p>	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 26

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Adler for Congress	<b>Transaction ID:</b> BF8304E2A74934E1DAAE <b>Date of Disbursement</b>
Mailing Address 14 Knightswood Drive	<div> <div>12</div> <div>08</div> <div>2009</div> </div>
City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution	<div>1000.00</div>
Candidate Name Rep. John Adler	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) David Vitter for US Senate	<b>Transaction ID:</b> B71998E8F08EC439B952 <b>Date of Disbursement</b>
Mailing Address PO Box 8175	<div> <div>09</div> <div>09</div> <div>2009</div> </div>
City Metairie State LA Zip Code 70011	Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution	<div>1000.00</div>
Candidate Name Sen. David Vitter	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Ed Martin for Congress	<b>Transaction ID:</b> BE238698D409345AC9C5 <b>Date of Disbursement</b>
Mailing Address 6037 Hampton Avenue	<div> <div>12</div> <div>21</div> <div>2009</div> </div>
City St Louis State MO Zip Code 63109	Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution	<div>500.00</div>
Candidate Name Ed R Martin, Jr.	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**2500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 26

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Gene Green Congressional Campaign

Mailing Address PO BOX 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement  
Political contribution

Candidate Name  
Rep. Gene Green

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 29

Transaction ID: BB503A5078FE045E1948

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
Kirk for Senate

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement  
Political Contribution

Candidate Name  
Rep. Mark Steven Kirk

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: B0AFE9096E7BA4BCEA89

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
Marsha Blackburn for Congress

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement  
Political Contribution

Candidate Name  
Rep. Marsha Blackburn

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: BD6EC60A566F342388A7

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Olson for Congress Committee

Mailing Address PO Box 16381

City State Zip Code  
Sugar Land TX 77496

Purpose of Disbursement  
Political Contribution

Candidate Name  
Rep. Pete Olson

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 22

**Transaction ID:** B8A8355664B364029B67

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Pastor for Arizona

Mailing Address PO Box 1978

City State Zip Code  
Phoenix AZ 85001

Purpose of Disbursement  
Political Contribution

Candidate Name  
Rep. Ed Pastor

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 04

**Transaction ID:** B2D1E595AD6D74F5C87B

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Pete Sessions for Congress

Mailing Address PO Box 38585

City State Zip Code  
Dallas TX 75238

Purpose of Disbursement  
Political Contribution

Candidate Name  
Rep. Pete Sessions

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 32

**Transaction ID:** B6AFABA8B34D14AE992D

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Poe for Congress

Mailing Address P.O. Box 14222

City  
HumbleState  
TXZip Code  
77347Purpose of Disbursement  
Political ContributionCandidate Name  
Rep. Ted PoeCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 02

Transaction ID: BAC5797C99DE34B77AE2

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	9

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Wyden for Senate

Mailing Address 232 NE 9TH Avenue

City  
PortlandState  
ORZip Code  
97232Purpose of Disbursement  
Political ContributionCandidate Name  
Sen. Ron WydenCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District:

Transaction ID: BF5F61C74FD484B609E5

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

11000.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Brian McCall for State Representative

Mailing Address 609 W 15th St Ste 200

City State Zip Code  
Plano TX 75075-8862

Purpose of Disbursement  
State Donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B079898C260DC479A86F

Date of Disbursement

10 / 12 / 2009

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Duell for State Senate

Mailing Address PO Box 8609

City State Zip Code  
Greenville TX 75404-8609

Purpose of Disbursement  
State Donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B2098A605037F48C1B6E

Date of Disbursement

10 / 12 / 2009

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Jim Pitts Campaign

Mailing Address 310 W Jefferson St Ste 2

City State Zip Code  
Waxahachie TX 75165-3626

Purpose of Disbursement  
State Donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BC8031075F7A0442393F

Date of Disbursement

10 / 12 / 2009

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Texans for Rick Perry

Mailing Address PMB 217  
PO Box 2013

City Austin State TX Zip Code 78768

Purpose of Disbursement  
State donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BF994DD77CBE049548B2

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....